MARYLAND STATE DEPARTMENT OF HEALTH

06559

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 351

WITHIN CORPORATE LIMITS OF MARYLAND

1. PLACE OF DEATH: COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Gunby St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Worcester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark; STREET ADDRESS (If rural, give location) Basket Switch Rd Cedartown road.

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) Dennis

4. DATE OF DEATH: (Month) June (Day) 9th (Year) 1953

5. SEX: F; 6. COLOR OR RACE: C; 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single; 8. DATE OF BIRTH: 6/9/53; 9. AGE last birthday: (Yrs.); If under 1 year: Months, Days; If under 24 hrs.: Hours, Min. 3 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired); 10b. KIND OF BUSINESS OR INDUSTRY; 11. BIRTHPLACE (State or foreign country): Snow Hill Md; 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Herman Dennis; 14. MOTHER'S MAIDEN NAME: Beatrice Jingle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service); 16. SOCIAL SECURITY No.; 17. INFORMANT AND ADDRESS: Beatrice Jingle-Mother Dennis Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Premature birth

776X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Weight 3lbs

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at work ☐ Not while at work ☐; HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Dr. N. E. Johnson Dpt Med Examiner; ADDRESS Pocomoke City Md; DATE SIGNED 6/9/53

BURIAL, CREMATION OR REMOVAL (Specify) Burial; DATE THEREOF 6/10/53; NAME OF CEMETERY OR CREMATORY At Home -; LOCATION (City, town, or county) (State) near Newark, Md

DATE REC'D BY LOCAL REG. 6/10/53; REGISTRAR'S SIGNATURE LeRoy Smith; 24. FUNERAL DIRECTOR Herman Randolph Dennis; ADDRESS Newark, Md, R. #1.

4063272322

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness of especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06560

CERTIFICATE OF DEATH

Reg. Dist. No. 350

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Worcester — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
LENGTH OF STAY (in this place): 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 609 Second St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pocomoke
STREET ADDRESS (If rural give location): 609 Second St.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) A. (Last) DITTO

4. DATE OF DEATH: (Month) June (Day) 26, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 1, 1880

9. AGE last birthday: 73 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Clergyman

10b. KIND OF BUSINESS OR INDUSTRY: Baptist

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Greenbury D. W. C. Ditto

14. MOTHER'S MAIDEN NAME: Lethea W. Miller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): WW 1 ✓ (If Yes, give war or dates of service): WW 1

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: John H. Ditto, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

592X Immediate cause (a) Uremia — 11. Days

DUE TO (b) Chronic Nephritis — unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c) Coronary Artery Disease — Unknown

(260X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Unknown

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1950, to June 26, 1953, that I last saw the deceased alive on June 26, 1953, and that death occurred at 715 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Dr. Charles W. Trader MD — ADDRESS: Pocomoke City Md. — DATE SIGNED: 6-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/30/53 — NAME OF CEMETERY OR CREMATORY: Baptist Cemetery — LOCATION (City, town, or county) (State): Pocomoke, Md.

DATE REC'D BY LOCAL REGISTRAR: June 29, 1953 — REGISTRAR'S SIGNATURE: Anne E. White

24. FUNERAL DIRECTOR — ADDRESS: Henry H. Watson, Pocomoke, Md.

#

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06561

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean city
LENGTH OF STAY (in this place) Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Caroline & Boardwalk

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) Caroline & Boardwalk

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H (Last) NAGAN JR.

4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: APR. 13, 1912

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months 2 Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Nagan, Sr.

14. MOTHER'S MAIDEN NAME: Pamela C. Smiley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY No.: 579-05-1304

17. INFORMANT & ADDRESS: Mrs. John Nagan, Sr., same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a) Malignant Tumor of Brain — Interval Between Onset And Death: 2 years

DUE TO (b)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct ,1952 to June 14, 1953, that I last saw the deceased alive on June 14, 1953, and that death occurred at 8:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H Hammond Jr M-D. Ocean City Maryland. June 14, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/17/53 NAME OF CEMETERY OR CREMATORY Wicomico MEM. PK LOCATION (City, town, or county) SALISBURY (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-16-53 REGISTRAR'S SIGNATURE Helen F. Hayward

24. FUNERAL DIRECTOR ADDRESS The Hill & Johnson Co. George C. Hill

VS. A15

RECEIVED
JUN 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06562

CERTIFICATE OF DEATH

Reg. Dist. No. 35-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Newark
LENGTH OF STAY (in this place): 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: At home - Route # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Worcester
CITY (If ontside corporate limits, write RURAL and give nearest town) OR TOWN: Newark
STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED: (Type or Print) (First) Lee (Middle) Edward (Last) Hammond

4. DATE OF DEATH: (Month) 6 (Day) 8 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: A.A.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 3-28-1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months 2 Days 10 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Berlin, Worcester Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Hammond

14. MOTHER'S MAIDEN NAME: Caroline Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: 214-16-4957

17. INFORMANT & ADDRESS: Mrs. Stella Hammond, Newark, Md., Rt. # 1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis
420.1
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6-53, 19..., to 6-8-53, 19..., that I last saw the deceased alive on 6-8-53, 19..., and that death occurred at 6:47 a.m., from the causes and on the date stated above.

SIGNATURE Clifford E. Schoch (DEGREE OR TITLE) MD ADDRESS Berlin Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6-11-'53 — NAME OF CEMETERY OR CREMATORY: Whaleyville Cemetery — LOCATION (City, town, or county) (State): Whaleyville, Worcester Co. Md.

DATE REC'D BY LOCAL REG. 6/11/53 — REGISTRAR'S SIGNATURE LeRoy Smith

24. FUNERAL DIRECTOR — ADDRESS: STEWART FUNERAL HOME 324 E. Church St
Mary A. Stewart, Salisbury, Md.

VS. A15 8-51

RECEIVED
JUN 15 1953
BUREAU V. S.

06563

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Shawell — LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin
STREET ADDRESS (If rural, give location): Gay St.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Jane (Last) Jones
4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow
8. DATE OF BIRTH: Feb. 11, 1893
9. AGE last birthday: 60 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Minos Hayman
14. MOTHER'S MAIDEN NAME: Mary Eliz. Halston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Louden Phillips Shawell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Cerebral hemorrhage — 10 hours.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive arteriosclerotic card. vasc disease — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to 19 June, 1953, that I last saw the deceased alive on 19 June, 1953, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE: N. L. Thomas — (Degree or title) M.D. — ADDRESS: Ocean City — DATE SIGNED: 20 June 53.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/21/53 — NAME OF CEMETERY OR CREMATORY: Evergreen — LOCATION (City, town, or county): Berlin (State): Md.

DATE REC'D BY LOCAL REG.: 6-21, 1953 — REGISTRAR'S SIGNATURE: Helen F. Hayward — 24. FUNERAL DIRECTOR: Peter Whaley Selbyville Del. — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A-5

RECEIVED
JUN 23 1953
BUREAU N. S.

6564

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 353

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH — COUNTY: Worcester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishopville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bishopville
STREET ADDRESS (If rural, give location): no #

3. NAME OF DECEASED (Type or Print): (First) Tilghman (Middle) Bishop (Last) Lynch

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 30, 1915

9. AGE last birthday: 37 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Auto Mechanic

11. BIRTHPLACE (State or foreign country): Bishopville

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Horace Lynch

14. MOTHER'S MAIDEN NAME: Katie Bishop

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II

16. SOCIAL SECURITY NO.:

17. INFORMANT, AND ADDRESS: Mrs. Linda Lynch Bishopville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Ventricular fibrillation — Interval between onset and death: 3 min.

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial infarction — 2 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1949, to June 22, 1953, that I last saw the deceased alive on June 20, 1953 and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: William N Young (Degree or title) MD — ADDRESS: Selbyville, Del. — DATE SIGNED: June 22, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 24, 1953 — NAME OF CEMETERY OR CREMATORY: I.O.O.F. — LOCATION (City, town, or county) (State): Bishopville, Md.

DATE REC'D BY LOCAL REG.: June 22-53 — REGISTRAR'S SIGNATURE: Helen Bergey mmb.

24. FUNERAL DIRECTOR: Peter Whaley — ADDRESS: Selbyville, Del

RECEIVED
JUN 1953
BUREAU V. S.

565

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 59

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural, give location) C. M. Bennett Cite Bennett farm

3. NAME OF DECEASED (Type or Print) (First) Hester (Middle) (Last) Marshall
4. DATE OF DEATH (Month) June (Day) 13 (Year) 1953

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 1869
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Horse wife
10b. KIND OF BUSINESS OR INDUSTRY Athens
11. BIRTHPLACE (State or foreign country) Stockton Md Rural
12. CITIZEN OF WHAT COUNTRY? N.S.A.

13. FATHER'S NAME Irving Holland
14. MOTHER'S MAIDEN NAME Mary Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ✓
17. INFORMANT AND ADDRESS Henrietta Taylor Princess Anne Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

501 x Immediate cause (a) Pulmonary Edema — [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchitis — 5 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1953, to June 11, 1953 that I last saw the deceased alive on June 11, 1953 and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE N. E. Sartorius (Degree or title) MD ADDRESS Pocomoke City Md DATE SIGNED 6/11/53

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF June 16 1953
NAME OF CEMETERY OR CREMATORY Old Saint Paul
LOCATION (City, town, or county) Stockton, Md (State)

DATE REC'D BY LOCAL REG. Jun 14 1953
REGISTRAR'S SIGNATURE Mary M. Taylor
24. FUNERAL DIRECTOR Irvine Bennett ADDRESS Stockton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

RECEIVED
JUN 22 1953
BUREAU V. S.

3566

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH
COUNTY: Worcester Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin, R.F.D.
LENGTH OF STAY (in this place): Ehr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Berlin R.F.D. 3, Md
STREET ADDRESS (If rural, give location): R.F.D. # 3

3. NAME OF DECEASED (Type or Print): (First) Infant (Middle) Joann (Last) Martin

4. DATE OF DEATH: (Month) 6 (Day) 6 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 6-6-53

9. AGE last birthday: 15 hrs — If under 1 year: Months / Days / If under 24 hrs.: Hours 15 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Berlin Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Isaac Martin

14. MOTHER'S MAIDEN NAME: Minnie Ellen Martin Donaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Mrs Minnie Ellen Martin Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Prematurity (6 mos 2 weeks) wt 2 lbs 15 ozs

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) born 6/6/53 — 7½ Mo. G. 2

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/6, 1953, to 6/6, 1953, that I last saw the deceased alive on 6/6, 1953, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE: Hennarde Rabenhorst (Degree or title) ADDRESS: Berlin Md DATE SIGNED: 6/6/53

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE THEREOF: 6/7/53

NAME OF CEMETERY OR CREMATORY: Whitehaven

LOCATION (City, town, or county) (State): Willards, Md

DATE REC'D BY LOCAL REG.: 6-7-53

REGISTRAR'S SIGNATURE: Helen F. Hayward

M. FUNERAL DIRECTOR: Mrs Anna Bunting - Berlin Md ADDRESS

1000 on 44-250

14 J

RECEIVED
JUN 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural, give location) West O.C.

3. NAME OF DECEASED (Type or Print) (First) Earnest (Middle) G. (Last) Parsons
4. DATE OF DEATH (Month) June (Day) 22 (Year) 1953
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 27, 1868
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter & Fisherman
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Parsonsburg Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Minos Parsons
14. MOTHER'S MAIDEN NAME Rittie Middleton
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Mrs. E. G. Parsons, Ocean City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1 Immediate cause (a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. advanced age

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20, 1953, to June 22, 1953, that I last saw the deceased alive on June 22, 1953, and that death occurred at 5:30 p m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Ocean City Md. DATE SIGNED June 24, 53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/24/53
NAME OF CEMETERY OR CREMATORY Taylorville
LOCATION (City, town, or county) Berlin (State) Md R.I.D.
DATE REC'D BY LOCAL REG. 6/24/53
REGISTRAR'S SIGNATURE Helen F. Hayward
24. FUNERAL DIRECTOR [signature] Burbage Berlin Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06568

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berlin
STREET ADDRESS (If rural, give location) West St.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Edward (Last) Shockley
4. DATE OF DEATH (Month) June (Day) 11 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan 7 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY Township Plant
11. BIRTHPLACE (State or foreign country) Powellville Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Shockley
14. MOTHER'S MAIDEN NAME Rose Ellis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mrs. J. E. Shockley Berlin Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.0 Immediate cause	(a) Atherosclerotic Heart Disease	2-3 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) C Chronic Degenerative Myocarditis	1 yr
	(c) Anasarka	3 mo

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to 11 June, 1953, that I last saw the deceased alive on 11 June, 1953, and that death occurred at 3:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Hermanle Robbins M.D. ADDRESS Berlin Md DATE SIGNED 13 June 53.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/13/53
NAME OF CEMETERY OR CREMATORY Riverside
LOCATION (City, town, or county) Berlin (State) Md

DATE REC'D BY LOCAL REG. 6-13-53
REGISTRAR'S SIGNATURE Helen F Hayward
24. FUNERAL DIRECTOR Dana A. Burbage ADDRESS Berlin Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ATS

RECEIVED
JUN 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06569 351

1. PLACE OF DEATH:
COUNTY Worcester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location) Washington St

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Bell (Last) Trader

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: June 5-1868
9. AGE last birthday: 84-11-27 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Powellville, Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James M. Beauchamp
14. MOTHER'S MAIDEN NAME: Emma Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Martha Tull Paola, Pa. Maple ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

442x

Immediate cause (a) Arteriosclerotic Cardio-vascular
DUE TO
Antecedent cause(s) (b) Renal disease
DUE TO
(c)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

INTERVAL BETWEEN ONSET AND DEATH: unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/1/ 1950, to 6/2/53, 19....., that I last saw the deceased alive on 6/2/53, 19....., and that death occurred at 2.00 P m., from the causes and on the date stated above.

SIGNATURE Paul Cohen (DEGREE OR TITLE) ADDRESS Snow Hill Md DATE SIGNED 6/3/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 4/53
NAME OF CEMETERY OR CREMATORY Whatcoat
LOCATION (City, town, or county) Snow Hill, (State) Md

DATE REC'D BY LOCAL REG. 6/4/53
REGISTRAR'S SIGNATURE LeRoy Smith
24. FUNERAL DIRECTOR Alay E. Dennis ADDRESS Snow Hill, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 9 1953
BUREAU V. S.